



MARINES
THE FEW. THE PROUD.

Stuttgart Claims Office DSN 421-4597; Com. 0711-729-4597
(Army)

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Claims Information

Important Time Lines to Complete Early following Delivery of Your Personal Property

DD Form 1840/1840R, Joint Statement of Loss of or Damage at Delivery/Notification of Loss or Damage. If you have any additional damages or loss personal property **you must complete and submit the DD Form 1840/1840R to a claims office within 70 days from the date your personal property was delivered**. Late submissions of the DD Form 1840/1840R to the claims office of your additional damages or loss personal property may result in a reduction of your settlement.

DD Form 1842, Claims for Loss of or Damage to Personal Property Incident to Service. The DD Form 1842 must be completed and submitted to a Claims Office in writing within two (2) years from the date your personal property was delivered. **You must have an original signature - Photocopied signatures are not acceptable**. If you submit your claim more than two years from the date your personal property was delivered, the entire claim would not be payable.

"It's Your Move" Pamphlet

This pamphlet, at the external link "It's Your Move," will help you understand your entitlements and responsibilities concerning shipment of household goods, unaccompanied baggage, boats and firearms. It will also help you understand your entitlements and responsibilities in filing a claim for any loss or damage that may occur. It also provides information such as, your authorized household goods shipment weight, maximum allowable payment on personal property. You should review your personal property for possible purchase of insurance to cover high value items, i.e. piano that may exceed the maximum allowable payment.

Transportation Claims, Payment for damage/loss of personal property, moved under PCS orders, during authorized moves, caused by government contracted Transportation Service Providers. Transportation claims are approved by Headquarters Marine Corps Claims Office and up to the \$5000.00 by the Field Claims Offices.

Contacts

Headquarters, United States Marine Corps
Personal and Family Readiness Division (Code MRP-2 Claims)
3280 Russell Road
Quantico, VA 22134-5103
Ph. 703-784-9533
Fax: 703-784-9827
hqmc.claims@usmc.mil

Forms

[Direct Deposit Form \(PDF 103 KB\)](#)

News and Features

[Personal Property Article \(DOC 129 KB\)](#)

External Links

[Its Your Move](#)

[MyPay](#)

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Non-Transportation Claims, Payment for damage of personal property incident to service on a military installation from Act of God (i.e., hurricanes, floods, tornadoes), Vandalism, Theft, Food Spoilage (i.e., power loss), Base Quarters fires. All non transportation claims are approved by Headquarters Marine Corps Claims Office.

Emergency Advances, Payment of emergency advances for transportation and non-transportation claims are approved by Headquarters Marine Corps Claims Office.

Personal Property Article, Helpful tips to know before the transportation service provider packs your personal property for shipment, and helpful tips to know at the time you receive delivery of your personal property.

All Claim Settlements will be paid via Electronic Funds Transfer (EFT) into the Claimant's Direct Deposit Account.

You must go to **"MyPay"** link to your Direct Deposit screen for your EFT information and enter the exact EFT information to your Direct Deposit Form.

You must go to the link for the **"Direct Deposit Form"** and down load the completed form; sign it and add it to your claims packet or submit it to the claims office requesting the form.

Official Marine Corps website • Privacy and Security Notice • External Link Disclaimer





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Claims Packet

Claims Processing. After your claim is filed and all documentation has been presented, the claim file is processed at a Marine Corps Field Claims Office with adjudication/settlement authority up to \$5000.00 for transportation claims. All other claims are forwarded to HQMC (MRP-2) for adjudication/settlement. After the claim is approved, you will receive a settlement letter and a copy of the adjudicated DD Form 1844, outlining the amount allowed with explanation for each item claimed.

Appeal Process. If additional information or evidence is available which could have a bearing on your claim, you have the right to send a request for reconsideration within 6 months from the date of your settlement notice to the Commandant of the Marine Corps (MRP-2), Headquarters, U.S. Marine Corps, 3280 Russell Road, Quantico, VA 22134-5103. For initial claims settled at a field claims activity, your reconsideration must go to the field claims office to be processed and then sent to us at HQMC for further consideration.

Personal Property Claims Packet

Documents Required For Your Claims Processing:

- Claimant Checklist
- [DD Form 1842](#), Claim for Loss of or Damage to Personal Property Incident to Service
- [DD Form 1844](#), List of Property and Claims Analysis Chart
- DD Form 1840/1840R, Joint Statement of Loss or Damage at Delivery/Notice of Loss or Damage
- Orders authorizing shipment/storage (with amendments)
- Government Bill of Lading (GBL)
- Pick-up Inventory, please provide legible copies
- Receipts, paid bills, canceled checks, photographs, charge-card receipts/bills, etc., to substantiate ownership/value of items claimed
- Estimates of repair to item(s)
- Substantiation of Replacement Cost to item(s)
- Statement of Private Insurance Coverage
- Copies of any claims, correspondence/breakdown from insurance company
- Copy of PMO Incident Report or other independent verification the events occurred as alleged (non-transportation claims)
- Electronic Funds Transfer (EFT) Form, mandatory requirement for claims payment

Contacts

Headquarters, United States
Marine Corps
**Personal and Family Readiness
Division (Code MRP-2 Claims)**
3280 Russell Road
Quantico, VA 22134-5103
Ph. 703-784-9533
Fax: 703-784-9827
hqmc.claims@usmc.mil

Forms

- [Claimant Checklist \(DOC 59 KB\)](#)
- [DD Form 1842 \(DOC 57 KB\)](#)
- [DD Form 1844 \(DOC 58 KB\)](#)
- [Insurance Certification \(DOC 31.1 KB\)](#)
- [Electronic Repair \(DOC 29 KB\)](#)
- [Computer Repair \(DOC 29.5 KB\)](#)
- [Direct Deposit Form \(DOC 29 KB\)](#)

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Defense Personal Property System (DPS)

Field Claims Offices
The following TMO's at the Marine Corps bases are authorized to adjudicate personal property transportation claims of up to \$5000.00. The claim approval authority is based on a Claimant's entry in block 9, "Amount Claimed" from his/her DD Form 1842, Claim for Loss of or Damaged to Personal Property Incident to Service.

Marine Corps Field Claims Offices for Personal Property Claims of \$5000 or less

Base Name	Auth	DSN	Commercial
MCB Camp Pendelton CA	\$5K	365-3094	760-725-8446
MCB Quantico VA	\$2.5K	278-3831	703-784-2831
MCAS Cherry Pt NC	\$5K	582-4013	252-466-4817
MCRD San Diego CA	\$1K	524-5369	619-524-5369
MCB Camp Lejuene NC	\$3K	751-2542	910-451-2542
MCB Kanehoe Bay HI	\$5K	457-5567	808-257-5567
MCAS Yuma AZ	\$5K	269-6652	928-269-6652
MCAS Okinawa JA	\$5K	645-9248	
MCLB Albany GA	\$5K	567-5212	229-639-7115
MCAS Beaufort SC	\$1K	335-7286	843-228-7286
MCLB Barstow	\$1K	282-6771	760-577-6771
MCAS Miramar	\$1K	267-6242	858-577-1671
Camp Smith HI	\$1K	457-8747	808-477-8747

Automated Claims Information System (ACIS)
Field Claims Offices' external link to the on-line claims processing and tracking

Contacts
Headquarters, United States
Marine Corps
Personal and Family Readiness Division (Code MRP-2 Claims)
3280 Russell Road
Quantico, VA 22134-5103
Ph. 703-784-9533
Fax: 703-784-9827
hqmc.claims@usmc.mil

External Links
[Automated Claims Information System \(ACIS\)](#)

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Updated 14 Apr 05

CLAIMANT'S PERSONAL PROPERTY CLAIMS PROCESS/CHECKLIST

All Marine Corps personnel claims are processed under the provisions of the Military Personnel & Civilian Employees' Claims Act, 31 U.S.C., § 3721 (1996). The Navy regulation implementing this Act is JAGINST 5890.1 (Encl (5)) of 17 Jan 91.

Notice of Loss or Damage. The claimant is required to take exceptions and note any loss or damage at time of delivery on the DD Form 1840. Later discovered damage must be noted on the DD Form 1840R and delivered to the Claims Office/TMO within 70 days of the HHG delivery date. Failure to take exceptions at delivery and to report the later discovered damages will result in a deduction of any loss Potential Carrier Recovery (PCR) from payment of the claim. Failure to note items missing at time of delivery may result in denial of claim for those items.

Statute of Limitations. A claim must be presented in writing to a military installation within 2 years after it accrues (date of delivery of personal property or date of incident, i.e., Quarters fire). This requirement is statutory and may not be waived except if claim accrues during armed conflict, or armed conflict intervenes before the 2 year period, and good cause is shown.

Claims Process. After the claim is filed and all documentation has been presented, the claim file is processed at a Marine Corps Field Claims Office with adjudication/settlement authority up to \$1000.00, \$2500.00 or \$3000.00 or \$5000.00 for transportation claims. All other claims are forwarded to HQMC (MRP-2) for adjudication/settlement. Claimant should receive a post card from MRP-2 Claims acknowledging receipt of your claim. After the claim is approved, you will receive a copy of the adjudicated DD Form 1844, outlining the amount allowed with explanation for each item claimed. Claimant will be advised of the method of payment (Electronic funds transfer (EFT) by DFAS-CO into his/her direct deposit account or if separating or separated payment may be by check if there is no EFT).

Appeal Process. If additional information or evidence is available which could have a bearing on the claim, claimant may send a request for reconsideration within 6 months from the date of your settlement notice to the Commandant of the Marine Corps (MRP-2), Headquarters, U.S. Marine Corps, 3280 Russell Road, Quantico, VA 22134-5103. For initial claims settled at the field claims activities, reconsiderations must go to the field claims office to be processed and sent to HQMC.

THIS CHECKLIST IS A MANDATORY PART OF YOUR CLAIM PACKET SUBMISSION

INITIALS	THIS CHECKLIST IS TO BE SUBMITTED WITH YOUR CLAIMS PACKET
1.	Include one copy of each document, unless stated otherwise below. Keep one copy of each document for your records. Initial each line to signify the document exists in supporting your claim. Note: The DD Form 1840 you submitted is not your claim, but a notification of Loss/Damage to the Carrier
2.	DD Form 1840 , Joint Statement of Loss or Damage at Delivery and DD Form 1840R (reverse side of the DD 1840), Notice of Loss or Damage
2a.	I understand as stated on the DD Form 1840 I signed at time of delivery that I have a 70 day deadline to complete and turn-in my DD Form 1840R to the local TMO or any Service Claims Office of any additional loss or damage found. The amount allowed on the claim normally will be reduced for items claimed that are <u>not</u> on the DD Form 1840/1840R. The DD Form 1840R must be DISPATCHED by the TMO or the claims office to the carrier within 75 days from the date of delivery of your household goods/shipment
3.	DD Form 1842 , Claim for Loss of or Damage to Personal Property Incident to Service
3a.	I have completed every section of the DD Form 1842, including block 9 (Amount claimed from the DD Form 1844) and block 10 (Circumstances of loss or damage)
3b.	If I have private insurance for loss of or damage to my personal property, I understand I must submit a demand against the insurer for payment at the same time I submit my claim against the Government, and I understand that I will not be paid by the Government until my claim is adjudicated by the private insurer. For claims for damage to POV's, the Declarations Page of your policy showing types and limits on coverage will suffice. I have included a copy of any correspondence, especially the document showing the breakdown of payments for items claimed, from my insurance company.
3c.	Power of Attorney , if I have authorized someone else to file my claim, or receive payment.
4.	DD Form 1844 , List of Property and Claims Analysis Chart
4a.	I have completed each section, including dates of pickup and delivery, GBL number, description of damage to each item claimed, original costs, months and years of purchase, repair costs, replacement costs, inventory numbers to include block 13 (amount claimed (this amount is entered on the DD Form 1842 block 9))
4b.	Number each <u>estimate</u> or <u>replacement</u> cost with the same line number as the damaged item from the DD Form 1844
5.	Replacement costs for each item:
5a.	Items with a replacement cost of \$100.00 or more must be verified by clippings from catalogs, newspapers advertisements, etc. which show pictures and prices of identical or comparable items or written estimates from a firm which sells identical or comparable items.
5b.	For each missing item not specifically described on the inventory (i.e., make, model, size), with a value in excess of \$100.00, you will be required to provide proof that the item claimed was of the same quality as the replacement item submitted. You should submit purchase receipts, copies of cancelled checks, credit card bills, or a picture of the damage or missing items along with two examples (catalog, newspaper advertisement, etc.) to substantiate ownership/retail value of items claimed. If you cannot provide any of these examples of proof listed above, you need to discuss alternative methods with the claims office.

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6.	Repair costs for each item (other than electronic items)
6a.	For repair costs over \$100.00, I will need an estimate from a firm that is in the business of repairing such items, (e.g., washer and dryer from an appliance repair firm). If the item is damaged beyond economical repair, the estimate must state this and I must submit evidence to prove the replacement price of the item as described above. The estimate should clearly state the specific location and damages that are being repaired. An estimate that simply shows "repair" or "refinished" is not satisfactory.
6b.	If you have pictures of visible damage to items, please include them. However, you will not be reimbursed for the cost of the pictures.
7.	Additional Estimates of Repair or Proof of Replacement Costs The claims officer may require additional estimates of repair or proof of replacement costs for any item listed on the DD Form 1844 while in the process of adjudicating your claim, especially for those items with repair or replacement costs exceeding \$100.00, or if the repair or replacement cost is excessive for the average repair or replacement of like items in your area.
8.	Electronic Items with Internal Damage For each electronic item with internal damage such as TV's, stereos, computers, refrigerators, etc., I must submit an electronic repair form that is completed by the repair firm in the business of repairing such items. You should have a copy of this form in your claims packet. You may obtain this form at any TMO office, claims office, or HQMC Claims Office. I also must submit a signed and dated statement attesting the condition of the item at time my personal property was picked up and the condition of the item at time of delivery.
9.	CD's, Cassettes and Video Tapes. I have individually listed all my missing CD's, cassettes and video tapes.
10.	Re-Upholstery. The estimate (two estimates if over \$100.00) must state that: (1) The materials used are of comparable value to the original material; (2) that patching, reweaving, using material from a different portion of the item or any less expensive method of repair is not possible; (3) List cost of labor and materials separately.
11.	Inventory Sheets. I have submitted all inventory sheets received from the carrier.
12.	Government Bill of Lading (GBL). Submit your Government Bill of Lading (GBL). Note: Claims Investigating Officer, please help claimant to obtain GBL from TMO/Carrier
13.	Orders for Shipment of Household Goods. I am submitting my orders authorizing shipment/storage (with amendments)
14.	Incident Report (non-transportation) I have submitted a copy of PMO Incident Report or other independent verification to the events that occurred.
15.	Electronic Funds Transfer - Direct Deposit Form (FMS Form 2231). You must go into your "My Pay" and go to the "Direct Deposit" screen and, if applicable, update your EFT information and save. The information on your "Direct Deposit" form must be exactly the same as what you have in your "My Pay" database. You can obtain the Direct Deposit form at http://fms.treas.gov/eft/2231.pdf I have verified my Direct Deposit information in "My Pay" and have submitted an updated/verified Electronic Funds Transfer (EFT) Form with my claim packet. I understand that this form is mandatory to receive my claims settlement payment.

I understand that if any information is missing, my claim will be placed on hold until I update my file. I will not dispose of any damaged or destroyed items, except glass (other than figurines, antiques or crystal with a value in excess of \$50.00), or items that are a safety or health hazard, until I call the claims office and confirm the items need not be held for salvage by the carrier.

I acknowledge that I have completed this checklist. I understand that I must submit my claim within 2 years from the date of delivery of my household goods or date of incident (i.e., disaster). I have initialed the above items that are included in my claims package.

I understand that I am subject to prosecution for any false claims information/documentation submitted.

PRINT CLAIMANT'S NAME (Last, First, MI)	EMAIL ADDRESS:	
CLAIMANT'S SIGNATURE	RANK/TITLE	DATE:

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CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE DD FORM 1842

ITEM NO.	CLAIMANT IS RESPONSIBLE FOR COMPLETING ITEMS 1 THROUGH 18
1. Name of Claimant	Last Name, First Name, Middle Initial
2. Branch of Service	USMC (Claims filed by other Service members are to be forwarded to their respective Service).
3. Rank or Grade	*Rank or Grade of Claimant
4. Social Security Number	*SSN of Claimant
5. Home Address	Street, City, State & Zip Code (If paid by check, check will go to this address).
6. Current Military Address	State full military address
7. Home Phone Number	Area Code & telephone number
8. Duty Telephone Number	DSN and include the Area Code
9. Amount Claimed	Total claim amount (Same total amount as shown on your DD Form 1844, block 13).
10. Circumstances of Loss or Damage	Explain in <u>detail</u> , including dates, places, and <u>all</u> relevant facts (i.e., HHG picked up on 3 Jan 98 by XYZ Van Lines, GBL #DW.123.345; delivered 1 Feb 98 by ABC Moving Co...etc).
11. Did You Have Private Insurance?	This includes <u>any</u> insurance coverage, to include USAA, Armed Forces Co-op, State Farm, etc. Homeowners, Renters, Transit. Claimant <u>must</u> file a claim with the Private Insurer prior to or concurrently with the claim against the Government
12. Have You Made a Claim Against a Private Insurer?	If claim has been filed, attach copy of claim and all correspondence.
13. Was a Carrier or Warehouse Firm involved, Paid You or Repaired any Property?	If yes, indicate which items from your DD Form 1844.
14. Did any of the Claimed Items belong to the Government or Someone other than you or Your Family Member?	If yes, indicate which items from your DD Form 1844.
15. Were any of the Claim Items acquired or held for Sale, or acquired or used in a Private Professional Business?	If yes, indicate which items from your DD Form 1844.
16. Under Penalty of Law, I declare the following as part of Submitting My Claim?	Any recovered missing property <u>must</u> be reported to HQMC (Code MRP-2). By filing this claim, all rights, interest against a carrier, insurer, or other person for loss/damage are assigned to the U.S. and gives authority for your private insurance to release information concerning your insurance. Authority is given to the U.S. to withhold from your pay or accounts for any payments made to you by a carrier, insurer, or other person to the extent you are paid on this claim, and for any payment made in reliance on information which determined to be incorrect or untrue; you have <u>not</u> made any other claim against the U.S. for this incident; you understand that if any information provided in this claim is false you can be prosecuted.
17. Signature of Claimant	Must be signed by the Claimant, or a *legal representative With a Power of Attorney.
18. Date DD Form 1842 Signed	Month, Day, Year signed

*Note: If the claim is filed by legal representative and signed with a power of attorney, claim must still be filed in the name of the USMC Claimant with his or her rank/grade and SSN.

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3 January 2003

CLAIM FOR LOSS OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE				
PART I – TO BE COMPLETED BY CLAIMANT (See back for Privacy Act Statement and Instructions.)				
1. NAME OF CLAIMANT (Last, First, Middle Initial)		2. BRANCH OF SERVICE		3. RANK OR GRADE
4. SOCIAL SECURITY NUMBER		5. HOME ADDRESS (Street, City, State and Zip code)		
6. CURRENT MILITARY DUTY ADDRESS (If applicable) (Street, City, State and Zip code)		7. HOME TELEPHONE NO. (Include area code)		
8. DUTY TELEPHONE NO. (Include area code)		9. AMOUNT CLAIMED		
10. CIRCUMSTANCES OF LOSS OR DAMAGE (Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)				
11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (E.g., say "Yes" on a shipment or quarters claim if you had transit, renters or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)				YES <input type="checkbox"/>
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? (If "Yes" attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)				NO <input type="checkbox"/>
13. HAS A CARRIER OR WAREHOUSE FIRM PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)				<input type="checkbox"/>
14. DID ANY CLAIMED ITEMS BELONG TO THE GOVERNMENT OR SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? (If "Yes" indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844)				<input type="checkbox"/>
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? (If "Yes" indicate this on the "Claims Analysis Chart," DD Form 1844.)				<input type="checkbox"/>
16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM:				
<p>If any missing items, which I am claiming, are recovered, I will notify the office paying the claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind.</p> <p>I assign to the United States all right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage.</p> <p>I authorize the United States to withhold from my pay or accounts any payments made to me by a carrier, insurer, or other persons to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.</p>				
17. SIGNATURE OF CLAIMANT (or designated agent)				18. DATE SIGNED (YYYY/MM/DD)
PART II – CLAIMS APPROVAL (To be completed by Claims Office)				
19. PROCEDURES (X one)		20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated:		\$
<input type="checkbox"/> a. SMALL CLAIMS <input type="checkbox"/> b. REGULAR CLAIMS				
21. SIGNATURES (Signatures at a and c not required if small claims procedure is utilized)				
a. CLAIMS EXAMINER		b. DATE SIGNED (YYYY/MM/DD)		c. REVIEWING AUTHORITY
d. DATE SIGNED (YYYY/MM/DD)		e. TYPED NAME AND GRADE OF APPROVING AUTHORITY		f. SIGNATURE OF APPROVING AUTHORITY
g. DATE SIGNED (YYYY/MM/DD)				

DD FORM 1842, MAY 2000

PREVIOUS EDITION IS OBSOLETE.

PRIVACY ACT STATEMENT

AUTHORITY: 31 U.S.C. 3721, and EO 9397, November 1943 (SSN).

PRINCIPAL PURPOSE: Filing, investigation, processing and settlement of claims for losses incident to service.

ROUTINE USES:

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a. Information is principally used to provide a legal basis for administrative payment of claims against the Government. Information is also used in conjunction with:

- (1) Recovery from common carriers, warehouse firms, insurers and other third parties.
- (2) Collection from claimants of improper payments or overpayments.
- (3) Investigation of possible fraudulent claims.
- (4) Possible criminal prosecution by the Department of Justice or other agencies if fraud is established.

b. Social Security Numbers are used to assure correct identification of claimants in order to assure payment to the proper claimant and avoid duplication of claims.

DISCLOSURE: Voluntary; however, failure to supply information will cause delay in settlement and may result in denial of a portion or all of the claim.

INSTRUCTIONS TO CLAIMANTS

1. You must submit your claim in writing within two years from the date of the incident giving rise to the claim. This two year time limitation may not be waived.

2. The claimant or an authorized agent must complete and sign Part I of this form, answering all questions. If the claim is signed by an agent (such as a spouse) or a survivor of a deceased proper claimant, that person must have a document showing his or her authority to present the claim, such as a power of attorney, etc.

3. If the claim is for a property lost or damaged while being shipped or stored pursuant to travel orders, submit copies of your orders and all shipping documents, including your inventory and your "Joint Statement of Loss or Damage at Delivery/Notice of Loss and Damage," DD Forms 1840/1840R. If you notice damage after delivery, you must complete the DD Form 1840R and get it to the Claims Office within 70 days after delivery.

4. You may obtain further information from a Claims Office.

5. You are entitled to the following:

a. Reasonable local repair cost, if an item can be economically repaired. *(You may claim small amounts without an estimate. Otherwise, submit an estimate of repair from a repair firm or, if repairs have been completed, your receipt. The Claims Office may waive this in appropriate cases.)*

b. Reasonable local replacement cost if an item is missing, destroyed, or not economic to repair. *(Replacement costs may be obtained from commercial catalogs or a military exchange. If you cannot find the item in a catalog or exchange and the cost is more than \$100.00, obtain a statement from a commercial firm for the cost of a similar item. If you have purchase receipts, bring these to the Claims Office as well.)*

c. Reasonable cost of obtaining local estimates of repair, if cost of such estimates will not be credited if repair work is done. *(Normally, you may not claim appraisal fees.)*

PART III – DENIAL OR SUPPLEMENTAL PAYMENT *(To be completed by Claims Office)*

23. DENIAL *(X if applicable)*

The claim is not cognizable or meritorious under 31 U.S.C. 3721 and the applicable provisions of the controlling departmental regulation, and is denied.

24. SUPPLEMENTAL PAYMENT *(X and complete if applicable)*

The claim is cognizable and meritorious under 31 U.S.C. 3721, and the following additional award is substantiated:

\$

25. SIGNATURES

a. CLAIMS EXAMINER

b. DATE SIGNED
(YYYYMMDD)

c. REVIEWING AUTHORITY

d. DATE SIGNED
(YYYYMMDD)

26. APPROVAL/SETTLEMENT AUTHORITY *(Settlement Authority is required for denial.)*

a. TYPED NAME

b. GRADE

c. SIGNATURE

d. DATE SIGNED
(YYYYMMDD)

DD FORM 1842 (BACK), MAY 2000

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LIST OF PROPERTY AND CLAIMS ANALYSIS CHART DD FORM 1844

ITEM NO.	CLAIMANT IS RESPONSIBLE FOR COMPLETING ITEMS 1 THROUGH 13
1. NAME OF CLAIMANT	ENTER LAST NAME, FIRST NAME, MIDDLE INITIAL
2. CLAIMANT'S INSURANCE COMPANY	
A. NAME OF THE INSURANCE COMPANY	IF CLAIMANT HAS PRIVATE INSURANCE, THE NAME OF THE INSURANCE COMPANY IS ENTERED (I.E., USAA, ARMED FORCES CO-OP, STATE FARM, ETC). NOTE: A CLAIM <u>MUST</u> BE FILED WITH THE PRIVATE INSURER PRIOR TO, OR CONCURRENTLY WITH THE GOVERNMENT CLAIM.
B. POLICY NUMBER	POLICY NUMBER OF THE APPLICABLE INSURANCE POLICY
3. DATE OF PICKUP	DATE THE PROPERTY WAS PICKED UP AT SHIPMENT ORIGIN FROM THE CLAIMANT OR THE CLAIMANT'S AGENT
4. DATE OF DELIVERY	DATE THE PROPERTY WAS DELIVERED TO THE CLAIMANT OR THE CLAIMANT'S AGENT
5. LINE NUMBER	THIS SHOULD REFLECT EACH LINE ITEM CLAIMED, NUMBERING THE ITEMS IN SEQUENCE (I.E., 1, 2, ETC.)
6. QUANTITY	NUMBER OF ITEMS CLAIMED (I.E., 2 END TABLES, 1 COFFEE TABLE, ETC.)
7. DAMAGED OR LOST ITEMS	STATE IN AS MUCH DETAIL AS POSSIBLE THE BRAND NAME, MODEL, SIZE, FINISH, TYPE, STYLE, AND YEAR OF MANUFACTURER, AS APPROPRIATE. WHEN AN ITEM IS MISSING, STATE "MISSING" AND WHERE DAMAGED IS CLAIMED, GIVE A DETAILED DESCRIPTION OF THE DAMAGE. NOTE: ESTIMATE FEES, AND/OR PICKUP AND DELIVERY FEES TO AND FROM THE REPAIR SHOP, ARE TO BE LISTED AS SEPARATE LINE ITEMS.
8. INVENTORY NUMBER	ENTER INVENTORY NUMBER AS SHOWN ON THE PICK-UP (ORIGIN) INVENTORY. WHERE ITEMS ARE PACKED IN A CARTON, ENTER THE CARTON INVENTORY NUMBER, EVEN WHERE ONLY PART OF THE CONTENTS OF THE CARTON ARE CLAIMED. EACH ITEM LISTED <u>MUST</u> HAVE AN INVENTORY NUMBER. DO NOT ENTER UNKNOWN FOR THE INVENTORY NUMBER
8. ORIGINAL COST	PURCHASE PRICE OF THE ITEM <u>MUST</u> BE INDICATED; WHERE MORE THAN ONE ITEM IS ON THE LINE, ENTER TOTAL PURCHASE PRICE. IF ITEM IS A GIFT, THE VALUE OF THE ITEM AT THE TIME RECEIVED <u>MUST</u> BE STATED
9. MM/YY YY PURCHASED	ENTER THE MONTH AND YEAR PURCHASED. IF ITEM IS A GIFT, ENTER THE MONTH AND YEAR PURCHASED, IF UNKNOWN, ENTER THE MONTH AND YEAR RECEIVED.
10. AMOUNT CLAIMED	
A. REPAIR COST	STATE THE COST OF THE REPAIR FOR EACH <u>SEPARATE</u> LINE ITEM. IF AN ESTIMATE OF REPAIR OR REPAIR BILL INCLUDES MORE THAN ONE ITEM, THE ESTIMATE OR BILL <u>MUST</u> BE ITEMIZED TO REFLECT ACTUAL COST FOR <u>EACH</u> AND THAT AMOUNT IS ENTERED. IF REPAIR ESTIMATE OR BILL COVERS REPAIR OF BOTH OLD OR NEW DAMAGE, IT MUST BE ITEMIZED TO SHOW A SEPARATE COST FOR EACH ON LETTERHEAD PAPER (SHOWING NAME, ADDRESS, AND PHONE NUMBER OF REPAIR FIRM) AND SIGNED BY THE REPAIRMAN.
B. REPLACEMENT COST	ENTER THE PRICE FOR REPLACEMENT OF MISSING OR UNREPAIRABLE ITEMS. AMOUNT <u>MUST</u> BE FOR A NEW ITEM IDENTICAL OR SUBSTANTIALLY SIMILAR TO THE MISSING OR UNREPAIRABLE ITEM. IF THE REPLACEMENT COST EXCEEDS THE PURCHASE PRICE, WRITTEN REPLACEMENT COST FROM A REPUTABLE FIRM <u>MUST</u> BE SUBMITTED FOR THE HIGHER REPLACEMENT COST TO BE CONSIDERED.
11. REMARKS	THIS SPACE IS FOR CLAIMANT TO PROVIDE ANY ADDITIONAL INFORMATION REGARDING THE CLAIM ITEMS
12. TOTAL AMOUNT CLAIMED	ON THE LAST PAGE OF CLAIMANT'S DD FORM 1844, ENTER THE <u>TOTAL AMOUNT</u> ON THE CLAIM. THIS AMOUNT, IN TURN, <u>MUST</u> BE ENTERED ON THE DD FORM 1842, BLOCK 9.
PAGE ___ OF ___ PAGES	NUMBER EACH PAGE ON THE DD FORM 1844 SHOWING THE TOTAL NUMBER OF PAGES SUBMITTED (I.E., "PAGE 1 OF 3 PAGES, PAGE 2 OF 3 PAGES, PAGE 3 OF 3 PAGES"). THIS ACTION FROM THE CLAIMANT WILL HELP PREVENT THE CLAIM FROM BEING ADJUDICATED WITH MISSING PAGES.

3 January 2003

DD FORM 1844, MAY 2000

PREVIOUS EDITION IS OBSOLETE.

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CIO HANDBOOK

3 January 2003

Change 1, 25 Apr 03

NEW POLICY

PRIVATE INSURANCE USE IN HOUSEHOLD GOODS AND POV SHIPMENTS OR STORAGE

1. If you have a private insurance policy that may cover all or part of your loss, ordinarily, you must file with your insurance company before the Government can pay any part of your claim. However, you **DO NOT HAVE TO FILE** with your private insurance company **IF** your claim is for loss/ damage to your personal property **while it was being shipped or stored at government expense**. This is a change in policy and is limited to this specific type of claim. It is limited to this type of claim because, after paying you, the Government will file a claim against the moving company or warehouse for the money that was paid to you.
2. Some of the things you may want to consider in deciding whether or not to file with your private insurance company are:
 - a. Some insurance companies will consider the number of claims you have filed in a certain time period when deciding whether to renew a policy or to issue you a new policy. For example, it has been reported in the Navy Times that some insurance companies will not renew a homeowner's or renter's policy if a claimant files more than 3 claims in 2 years.
 - b. Your private insurance will most likely pay you the full replacement value (i.e. new-for-old) rather than the fair market value (depreciated replacement cost) the Government is authorized to pay.
 - c. The Government has limits on both the total amount that we can pay (\$40,000 in most cases) and on how much we can pay for certain types of property. For example, we will not pay more than \$3,000.00 for any item of furniture, more than \$3,000.00 for CD's or more than \$4,000.00 for any computer together with software and accessories.
 - d. Your private insurance may pay you for items for which the Government cannot pay. For example, we cannot pay for items that are purchased or used for a private business. The Government cannot pay for any losses caused by your negligent acts or omissions. For example, you forgot to take the cigarette lighter out of your pants pockets and it caused the shipment to catch fire, the Government could not pay for the loss.
3. If you have any questions about whether or not to file with your insurance company, you need to discuss your concerns with the company. Claims personnel are not authorized to counsel you regarding private insurance coverage.

CIO HANDBOOK

3 January 2003

Change 1, 25 Apr 03

AFFIDAVIT CERTIFICATION OF NON-AVAILABILITY OF PRIVATE INSURANCE

REQUIREMENT OF CLAIMANT

1. When Filing a claim against the United States under the provisions of the Military Personnel & Civilian Employees Claims Act (JAGINST 5890. 1, Encl (5)) implementing Title 31, U.S. Code, Section 3729, the claimant **MUST** first file a claim with his or her own insurance company and attach a copy of same to the claim forms, if he or she has ANY TYPE of insurance which may cover all or part of the claimed loss or damage.
2. Exception to filing with the insurance company first is only to the PCA for loss/damage to HHG/POV while shipped or stored at Government expense. See the Insurance Handout at page 19b that explains in detail the new policy change.
3. Insurance coverage includes automobile theft or comprehensive coverage, home owners insurance, household goods insurance, i.e., with U.S.A.A. or Armed Forces CO. OP. Insurance Company, personal effects coverage, or any other type of insurance which may cover all or part of your loss or damage.

IF YOU DO HAVE INSURANCE COVERAGE

I have read and understand the above requirement. I have indicated on my claim against the United States (DD FORM 1842) that I do have private insurance.	
My Policy Insurance Name:	
My Policy Insurance Number:	
Check yes or no for optional election to filing with the Government instead of Private Insurance (per Para 2 above): For loss/damage to HHG/POV while shipped or stored at Government expense: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Claimant Signature:	Date:

IF YOU DO NOT HAVE INSURANCE COVERAGE

I have read and understand the above requirement. I have indicated on my claim against the United States (DD FORM 1842) that I do not have private insurance. With knowledge of the penalties of Title 18, U.S. Code, Section 287, for willfully making a false, fictitious or fraudulent claim, I hereby certify that I do not have any private insurance covering any or all of the loss or damage in my claim against the United States.	
Claimant Signature:	Date:

CLAIMS INVESTIGATING OFFICER

Print CIO Name:	Location:
CIO Signature:	Date:

CIO HANDBOOK

3 January 2003

ELECTRICAL/ELECTRONIC REPAIR FORM

MUST BE COMPLETED BY A REPAIRMAN FROM AN AUTHORIZED REPAIR FACILITY

The Personal Property Claims Office must determine whether damage to an item was caused by the item being dropped or mishandled in shipment, or whether the damage was due to fair wear and tear or a manufacturer's defect. Please complete this form to the best of your ability.

OWNER'S NAME: _____

ITEM EXAMINED: _____
(Make) (Model) (Age)

1. **EXTERNAL DAMAGE.** There (was) (was not) external damage to the item:

a. I (was) (was not) able to determine the cause of the external damage. To the best of my knowledge and belief, damage was caused by: _____

b. I came to this conclusion because: _____

INTERNAL DAMAGE. There (was) (was not) internal damage caused by shipment:

a. I (was) (was not) able to determine the cause of the internal damage. To the best of my knowledge and belief, damage was caused by: _____

b. I came to this conclusion because: _____

3. I estimate the cost of repairing this damage is:

a. Parts:	\$
b. Parts:	\$
c. Parts:	\$
d. Subtotal of replacement parts:	\$
e. Cleaning or Other Service Charges:	\$
f. Labor: No. Hours: @Hourly Rate of:	\$
g. Taxes: Tax Rate of:	\$

TOTAL \$ _____

AUTHORIZED REPAIR FACILITY

Facility name:	
Address:	Telephone No.
Print Repairman's Name:	Years of Experience:
Repairman's Signature:	Date:

CIO HANDBOOK
3 January 2003
COMPUTER REPAIR FORM

(MUST BE COMPLETED BY A REPAIRMAN FROM AN AUTHORIZED REPAIR FACILITY)

The Personal Property Claims Office must determine whether listed item below was caused by the item being dropped or mishandled in shipment, or whether the damage was due to fair wear and tear or a manufacturer's defect.

OWNER'S NAME: _____ HHG DELIVERY DATE: _____

ITEM EXAMINED: _____ MAKE: _____

Model: _____ Year: _____

- | | |
|--|------------------------------------|
| a. Processor Type and Speed: _____ | e. Video Card Type: _____ |
| b. Hard Drive Capacity: _____ | f. CD ROM Drive, Type/Speed: _____ |
| c. RAM Capacity: Internal: _____ External: _____ | g. Monitor Size/type: _____ |
| d. Sound Card Type: _____ | h. Other: _____ |

1. **EXTERNAL DAMAGE.** There ____ (was) ____ (was not) external damage to the item.

a. I ____ (was) ____ (was not) able to determine the cause of the external damage. To the best of my knowledge and belief, damage was caused by: _____

b. came to this conclusion because: _____

Damage Located at : (1) Front (2) Back (3) Right Side (4) Left Side (5) Top (6) Bottom

2. **INTERNAL DAMAGE.** There (was) (was not) internal damage caused by shipment:

CIRCLE ONE: (1) Definitely (2) Probably (3) Cannot Tell

a. I ____ (was) ____ (was not) able to determine the cause of the internal damage. To the best of my knowledge and belief, damage was caused by: _____

Location of damage: _____

b. came to this conclusion because: _____

3. **I estimate the cost of repairing this damage in:**

a. Parts:	\$
b. Parts:	\$
c.	\$
d.	\$
e. Cleaning or Other Service Charges:	\$
f. Labor: No. Hours: _____ @Hourly Rate of: _____	\$
g. Taxes: Tax Rate of: _____	\$

TOTAL:

\$ _____

AUTHORIZED REPAIR FACILITY

Facility Name: _____	
Address: _____	Telephone Number: _____
Print Repairman's Name: _____	Years of Experience: _____
Repairman's Signature: _____	Date: _____

CIO HANDBOOK

3 January 2003

Updated 26 Jan 05

PERSONAL PROPERTY CLAIMS SETTLEMENT PAYMENT BY ELECTRONIC FUNDS TRANSFER (EFT) INTO YOUR DIRECT DEPOSIT

All personal property claim settlements will be done by the Electronic Funds Transfer (EFT) method. Claim settlement checks are no longer sent to claimants, i.e., civilian employees, separating and retired Marines and other individuals. It is the claimant's responsibility to ensure that his/her EFT information is submitted correctly with the claim packet. If the EFT information is incorrect it will be returned to you for correction that will delay payment.

Instructions to update/verify your EFT Information

Direct Deposit Form (FMS Form 2231)

You must go into your "My Pay" and go to the "Direct Deposit" screen and, if applicable, update your EFT information and save. The information on your "Direct Deposit" form must match exactly the same as to what you have in your "My Pay" database.

You can obtain the Direct Deposit Form at:

<http://fms.treas.gov/eft/2231.pdf>

You must verify/update your Direct Deposit information in "My Pay" and submit your EFT form with your claim packet to receive your claim settlement payment.

Army Sample: Household Goods - Hold Baggage

CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE

PART I - TO BE COMPLETED BY CLAIMANT (See back for Privacy Act Statement and Instructions.)

1. NAME OF CLAIMANT (Last, First, Middle Initial) Doe, John W.	2. BRANCH OF SERVICE Army	3. RANK OR GRADE SGT	4. SOCIAL SECURITY NUMBER 000-99-2222
5. HOME ADDRESS (Street, City, State and Zip Code) Robinson Barracks Bldg. 666 Apt 77 Stuttgart		6. CURRENT MILITARY DUTY ADDRESS (If applicable) (Street, City, State and Zip Code) CMR 480 Box 999 APO AE 09128	
7. HOME TELEPHONE NO. (Include area code) 0711-729-4597	8. DUTY TELEPHONE NO. (Include area code) 421-2473	9. AMOUNT CLAIMED <i>Leave blank if in \$</i>	
10. CIRCUMSTANCES OF LOSS OR DAMAGE (Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.) Pursuant to my orders transferring me from Fort Bragg to Stuttgart, Germany, my <u>HOUSEHOLD GOODS</u> / <u>HOLD BAGGAGE</u> were packed by Careless Movers Inc. on 01 January 2005 and delivered to my quarters by Negligent Packers GmbH on 15 February 2005 / picked up by me on 15 February 2005. Exceptions <u>WERE</u> / WERE NOT noted at the time of delivery on DD Form 1840. Subsequent damage / missing items <u>WAS</u> / WAS NOT noted on DD Form 1840 R filed on 20 February 2005. Goods were shipped under Government Bill of Lading number JP 123-456 (if no Government Bill of Lading was used, insert the letters "DPM" or "Local Move" after the word number)			
11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)			YES <i>E</i> NO <i>K</i>
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? (If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)			YES <i>V</i> NO <i>N</i>
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)			YES <i>A</i> NO <i>A</i>
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)			YES <i>E</i> NO <i>L</i>
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)			YES <i>L</i> NO <i>B</i>
16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM: If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind. I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage. I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.			
17. SIGNATURE OF CLAIMANT (or designated agent) <i>if possible, please sign and date in presence of claims personnel</i>			18. DATE SIGNED (YYYYMMDD)

PART II - CLAIMS APPROVAL (To be completed by Claims Office)

19. PROCEDURE (X one) <input type="checkbox"/> a. SMALL CLAIMS <input type="checkbox"/> b. REGULAR CLAIMS	20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated: <div style="text-align: right; font-size: 1.5em;">\$</div>		
21. SIGNATURES (Signatures at a and c not required if small claims procedure is utilized)			
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY	d. DATE SIGNED (YYYYMMDD)
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY		f. SIGNATURE OF APPROVING AUTHORITY	g. DATE SIGNED (YYYYMMDD)

1. NAME OF CLAIMANT (Last, First, Middle Initial) Doe, John W.			3. PICK-UP DATE (YYYYMMDD) 20050101		LIST OF PROPERTY AND CLAIMS ANALYSIS CHART (Items 14 through 31 to be filled out by Claims Office)												
2. CLAIMANT'S INSURANCE COMPANY (If applicable)			4. DELIVERY DATE (YYYYMMDD) 20050215		14. ORIGIN CONTRACTOR		17. 2ND CONTRACTOR		21. CLAIM NUMBER		22. NET WT/MAX CAR						
a. NAME			b. POLICY NO.														
5. LINE NO.	6. QTY	7. LOST OR DAMAGED ITEMS (Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")	8. INV NO.	9. ORIGINAL COST 10. MM/YYYY PURCHASED	11. AMOUNT CLAIMED a. Repair Cost b. Replacement Cost	15. INVENTORY DATE (YYYYMMDD)	16. EXCEPTIONS	18. EXCEPTION SHEET DATE (YYYYMMDD)	19. INV NO.	20. EXCEPTIONS	23. GBL NUMBER	24. LOT NUMBER	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY
1	1	SAUDER WALL UNIT 6'X3' Oak Veneer Top right corner 2" scratch, left front bottom corner 4" gouge, veneer peeling front top	11	500.00 Dec 03	105.00		Note: if repair costs are nearing the amount of purchase, it is in your best interest to also provide a substantiated			replacement cost. The government will normally award the most economical of the two.							
2	1	19" PANASONIC COLOR TV-Model # 56235. Outside case has 8" crack on top. TV working fine.	35	250.00 Jun 04	50.00 LOV		Note: if you do not wish to get a repair estimate for an item, you can do a Loss of Value (LOV). This is when you decide			to live with that damage as it is only minor or cosmetic.							
3	60	COMPACT DISCS - Single discs MISSING (See attached list) Collected between April 99 and June 03	15	12.95	777.00		Note: if you are claiming for missing CDs, you should provide a complete list of all the CDs you are missing.										
4	1	SONY VCR - Model# R-12665 missing	45	200.00 Jul99	150.00		Note: if you are replacing an item, you should provide substantiation for the amount claimed.										
5	1	ESTIMATE FEE for 19" Panasonic Color TV charged by electronic repair company			40.00		Note: Estimate fees are only reimbursable if the fee WILL NOT be refunded when the repairs are made.										
6	1	TRANSPORTATION FEE Wall Unit charged by wood furniture repair company			70.00		Note: \$50.00 is the maximum payable limit for transportation fees before the cost is actually incurred. If that			amount is only an estimate and the actual fees are greater, you should present the Claims				Office with a paid receipt for reconsideration			
7	1	FIGURINE Lladro "Lucky's Call" Elephant's trunk broken at center	23	Gift Mar98	500.00		Note: if an item was a gift, then in the original cost block you should list that item as a gift and give a best guess as to			how much was paid for that item.							
							Note: if the cost to repair the items has not been paid, the Euro amount will be converted at the exchange rate on			the date your claim is presented for processing.							
12. REMARKS			13. TOTAL		\$			30. TOTAL AMOUNT ALLOWED		\$			31. THIRD PARTY LIABILITY		\$	\$	
					1692.00												

Army Sample: Household Goods - Hold Baggage

Army Sample Privately Owned Vehicle

CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE

PART I - TO BE COMPLETED BY CLAIMANT (See back for Privacy Act Statement and Instructions.)

1. NAME OF CLAIMANT (Last, First, Middle Initial) Doe, John W.	2. BRANCH OF SERVICE Army	3. RANK OR GRADE SGT	4. SOCIAL SECURITY NUMBER 000-99-2222
5. HOME ADDRESS (Street, City, State and Zip Code) Robinson Barracks Bldg. 666 Apt 77 Stuttgart		6. CURRENT MILITARY DUTY ADDRESS (If applicable) (Street, City, State and Zip Code) CMR 480 Box 999 APO AE 09128	
7. HOME TELEPHONE NO. (Include area code) 0711 - 729- 4597	8. DUTY TELEPHONE NO. (Include area code) 421-2473	9. AMOUNT CLAIMED <i>Leave blank if in \$</i>	

10. CIRCUMSTANCES OF LOSS OR DAMAGE (Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)

On 01 January 2005, I turned in my POV to the port at (port of turn-in), with exceptions noted on the vehicle inspection and shipping form at that time.

I picked up my POV from (pick-up point) on 15 February 2005 with the additional damages noted on the reverse side of the vehicle inspection and shipping form. The estimate of repair submitted for these damages is not inclusive of any prior damage.

11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)	YES	NO
	E	K
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? (If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)	V	N
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)	A	A
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)	E	L
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)	L	B

16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM:

If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind.

I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage.

I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.

17. SIGNATURE OF CLAIMANT (or designated agent) <i>if possible, please sign and date in presence of claims personnel</i>	18. DATE SIGNED (YYYYMMDD)
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PART II - CLAIMS APPROVAL (To be completed by Claims Office)

19. PROCEDURE (X one)	20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated:	\$
<input type="checkbox"/> a. SMALL CLAIMS <input type="checkbox"/> b. REGULAR CLAIMS		
21. SIGNATURES (Signatures at a and c not required if small claims procedure is utilized)		
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY
		d. DATE SIGNED (YYYYMMDD)
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY		f. SIGNATURE OF APPROVING AUTHORITY
		g. DATE SIGNED (YYYYMMDD)

1. NAME OF CLAIMANT (Last, First, Middle Initial) Doe, John W.			3. PICK-UP DATE (YYYYMMDD) 20050101		LIST OF PROPERTY AND CLAIMS ANALYSIS CHART (Items 14 through 31 to be filled out by Claims Office)													
2. CLAIMANT'S INSURANCE COMPANY (If applicable)			4. DELIVERY DATE (YYYYMMDD) 20050215		14. ORIGIN CONTRACTOR		17. 2ND CONTRACTOR		21. CLAIM NUMBER		22. NET WT/MAX CAR							
a. NAME USAA Insurance		b. POLICY NO. 123456789																
5. LINE NO.	6. QTY	7. LOST OR DAMAGED ITEMS (Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")		8. INV NO.	9. ORIGINAL COST 10. MM/YYYY PURCHASED	11. AMOUNT CLAIMED a. Repair Cost b. Replacement Cost	15. INVENTORY DATE (YYYYMMDD)	16. EXCEPTIONS	18. EXCEPTION SHEET DATE (YYYYMMDD)	19. INV NO.	20. EXCEPTIONS	23. GBL NUMBER	24. LOT NUMBER	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY
1	1	96 FORD MUSTANG, 180,000 miles Dent passenger side rear door the size of a baseball and a 18" scratch on driver side door.			21000.00 Jun 96			Note: our office only requires you to get one estimate of repair. The cost for that estimate is reimbursable if the			fee WILL NOT be refunded when the repairs are made.							
2	1	Repair passenger side dent / Parts				300.00		Note: !!! We can not pay for an engineer's report (Gutachten). This is when an expert looks at your car and tells you			everything that's wrong with it. This report is very expensive, so don't make the mistake of				getting one. YOU WON'T be reimbursed			
3	1	Repair driver side scratch / Parts				150.00												
4	1	Paint				300.00												
5	1	Labor				500.00												
6	1	Estimate fee				70.00												
7	1	VAT Form				3.00												
								Note: \$50.00 is the maximum payable limit for transportation, shipping and handling charges before the cost			is actually incurred.							
12. REMARKS				13. TOTAL		\$			30. TOTAL AMOUNT ALLOWED		\$	31. THIRD PARTY LIABILITY		\$	\$			
						1323.00												

Army Sample: Privately Owned Vehicle

LIST OF REPAIR SHOPS

The repair shops listed below will provide an estimate of repair for specific types of items as indicated. This list is provided to you as an additional service of this office. It is not a recommendation or endorsement of any particular company. A fee is charged for the estimate which may be reimbursed if your claim is approved. **Estimates of repair are required when the repair cost of the item is \$100 or more. Please call the claims office if in doubt about getting a repair estimate.**

WOOD DAMAGE

Schreinerei
Franc Ivancic
Neckarstrasse 30
71686 Remseck-Aldingen
Tel: 07146-91405
Fax: 07146-20260

Rudi Ruehle
Wilhelmstrasse 2
71116 Gaertringen
Tel: 07034-22294
Fax: 07034-26365

**Estimate &
Repair Service**
Wilhelm Kachler
Kleinfeldweg 42
69190 Walldorf
Tel: 06227-382681
Fax: 06227-382682

GARMISCH
M.L. Martignoni
Alpspitzstrasse 47
82491 Grainau
Tel: 08821-82538
Fax: 08821-985474

UPHOLSTERER

Manfred Wahlenmeier
Finkenweg 2
71686 Remseck
Tel: 07146-91405

Ebner Polstereien
Herrenberger Strasse 9
70563 Stuttgart-Vaihingen
Tel: 0711-731-081
Fax: 0711-735-4645

BRASS AND COPPER

Johann Boehm
Buchdrucker Gmbh
Ludwigsburgerstrasse 59
71642 Ludwigsburg
Tel: 07141-53167

COMPUTERS

Mega-Byte
Hauptstaetter Strasse 132
70178 Stuttgart
Tel: 0711-649-2878

Edicta
Karl-Pfaff Strasse 30
70597 Stuttgart-Degerloch
Tel: 0711-763381

TV, STEREO, ELECTRONICS

AAFES Power Zone on
Patch Barracks or
a local Electronics Store

Maerz & Rabe
Uhrmacher-Meisterwerkstatt
Ludwigstrasse 84
70197 Stuttgart
Tel: 0711-613088

Juergen Roth
Repair of old clocks, parts
Pfarrstrasse 1
70794 Filderstadt-Plattenhardt
Tel: 0711-775707

ANTIQUE APPRAISALS

Futterknecht
Höfingerstrasse 8
70499 Stuttgart-Weilimdorf
Tel: 0711-8661465
(only in German)

GLASS

Albrecht Glasreparaturen
Unter dem Birkenkopf 14
70197 Stuttgart (Westbahnhof)
Tel: 0711-649660
Fax: 0711-6496677

Frame Shop
on post



**Office of the Staff Judge Advocate
Stuttgart Law Center
Claims Office**

***ANLEITUNG ZUR ERSTELLUNG EINES KOSTENVORANSCHLAGS –
INSTRUCTIONS FOR PREPARING A REPAIR ESTIMATE***

Dear military member,

Please give this document to the person you chose for doing your repair estimate. It contains important information on how to prepare a repair estimate so that it meets the requirements contained in Army Regulation 27-20 and DA Pam 27-162.

Sehr geehrte(r) Kostenvoranschlagsteller(in),

um eine korrekte und faire Bearbeitung der bei uns eingereichten Schadensfälle gewährleisten zu können, bitten wir Sie um Einhaltung der im Folgenden aufgelisteten Richtlinien bei der Erstellung eines Kostenvoranschlages für die Mitglieder der US Streitkräfte.

Sollten klar erkennbare **Altschäden** vorhanden sein (Englisch: pre-existing damage), so führen Sie diese bitte separat bei ihrer Auflistung an. Befindet sich der Altschaden an der gleichen Stelle oder Seite wie der Neuschaden und muß bei der Behebung des Schadens mitrepariert werden, geben Sie bitte an, wieviel Prozent der Reparatur der Altschaden ausmacht.

Bitte geben Sie immer genau **Art, Stelle und Ausmaß** des Schadens an (z. B. Kratzer in Mitte der Esstischplatte, 5cm lang, ½ cm tief). Allgemeine Beschreibungen wie „Macken und Kratzer ausbessern“ sollten vermieden werden.

Details, Details, Details! Gehen Sie bei der Beschreibung des Reparaturvorgangs bitte schrittweise vor. Wir wollen genau wissen, welche **Schritte** notwendig sind, um den Schaden zu beheben und wieviel hierbei die Materialkosten und der Arbeitsaufwand ausmachen.

Falls eine **Erneuerung** einzelner Teile zur Reparatur erforderlich ist, führen Sie dies bitte auch separat an. Werden alte, noch vorhandene Teile geflickt oder angeleimt, so sollte auch dies aus Ihrem Kostenvoranschlag klar hervorgehen.

Stellt sich ein Gegenstand als **nicht mehr reparierbar** heraus, fragen Sie bitte nicht den Kunden wieviel er dafür gezahlt hat oder wieviel er denkt, daß der Gegenstand zum jetzigen Zeitpunkt wert sein könnte. Dies führt zu ungenauen Angaben und entspricht nicht unseren Erwartungen. Einschätzungen und Kostenvoranschläge sollten auf Fachwissen basieren oder ganz einfach nicht vorgenommen werden. Das Gleiche gilt für antike Möbel. Eine Klassifizierung von Möbeln als „**antik**“ sollte nur dann vorgenommen werden, wenn ein professionell erstelltes Gutachten (= von einem Sachverständigen für Antiquitäten erstelltes Dokument mit Stempel) oder anderes Beweismaterial vorhanden sind, die dies unterlegen, nicht jedoch weil der Kunde selber den Gegenstand als „antik“ bezeichnet oder weil das Möbelstück ganz offensichtlich ein hohes Alter hat.

Geben Sie auf dem Kostenvoranschlag bitte auch an, ob die Kosten hierfür bei der eigentlichen Auftragsstellung in Abzug gebracht werden. Über den Erhalt der **Kostenvoranschlagskosten** sollte eine separate Quittung erstellt werden, die ebenso wie der Kostenvoranschlag selber, mit Datum, Unterschrift und ggf. Stempel versehen sein sollte.

Der Kostenvoranschlag sollte außerdem Auskunft darüber geben, ob es sich bei dem vorhandenen Schaden um einen **Transportschaden** handelt.

Abschließend noch ein paar allgemeine Dinge: Der Kostenvoranschlag sollte bitte mit **Computer** geschrieben sein und, falls möglich, in **englischer Sprache** verfasst werden.

Wir danken Ihnen für Ihr Verständnis und hoffen weiterhin auf gute Zusammenarbeit.